

<i>SERFF Tracking Number:</i>	<i>AOIC-126498057</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>AR-LTC-ANN-REPT-02/10</i>		
<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REPT-02/10/</i>		

Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: AR-LTC-ANN-REPT-02/10	SERFF Tr Num: AOIC-126498057	State: Arkansas
TOI: LTC06 Long Term Care - Other	SERFF Status: Closed-Filed	State Tr Num: 44856
Sub-TOI: LTC06.000 Long Term Care - Other	Co Tr Num:	State Status: Closed
Filing Type: Form		Reviewer(s): Harris Shearer
	Authors: Christie Janell, Kristin Davis	Disposition Date: 02/17/2010
	Date Submitted: 02/15/2010	Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: AR-LTC-ANN-REPT-02/10	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/17/2010	Explanation for Other Group Market Type:
	State Status Changed: 02/17/2010
Deemer Date:	Created By: Christie Janell
Submitted By: Christie Janell	Corresponding Filing Tracking Number:
Filing Description:	
Attached are our annual long term care reports.	

Company and Contact

Filing Contact Information

Janell Christie, Administrator	christie.janell@aoins.com
544 Cherbourg Dr.	517-327-4928 [Phone]
Lansing, MI 48917-5009	517-391-1906 [FAX]

Filing Company Information

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>AR-LTC-ANN-REPT-02/10</i>		
<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REPT-02/10/</i>		
P.O. Box 30325	Group Code: 280	Company Type: LAH	
Lansing, MI 48917	Group Name: Auto-Owners Ins	State ID Number:	
	Group		
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$0.00	02/15/2010	

SERFF Tracking Number:	AOIC-126498057	State:	Arkansas
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TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	AR-LTC-ANN-REPT-02/10		
Project Name/Number:	AR-LTC-ANN-REPT-02/10/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Harris Shearer	02/17/2010	02/17/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FILING FEE	Note To Filer	Harris Shearer	02/17/2010	02/17/2010
Filing Fees	Note To Reviewer	Christie Janell	02/15/2010	02/15/2010

<i>SERFF Tracking Number:</i>	<i>AOIC-126498057</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44856</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>AR-LTC-ANN-REPT-02/10</i>		
<i>Project Name/Number:</i>	<i>AR-LTC-ANN-REPT-02/10/</i>		

Disposition

Disposition Date: 02/17/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-126498057	State:	Arkansas
Filing Company:	Auto-Owners Life Insurance Company	State Tracking Number:	44856
Company Tracking Number:			
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	AR-LTC-ANN-REPT-02/10		
Project Name/Number:	AR-LTC-ANN-REPT-02/10/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	LTC Recissions		Yes
Supporting Document	LTC Suitability		Yes
Supporting Document	LTC Replacements/Lapses		Yes
Supporting Document	LTC Claims		Yes

SERFF Tracking Number: *AOIC-126498057* *State:* *Arkansas*
Filing Company: *Auto-Owners Life Insurance Company* *State Tracking Number:* *44856*
Company Tracking Number:
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *AR-LTC-ANN-REPT-02/10*
Project Name/Number: *AR-LTC-ANN-REPT-02/10/*

Note To Filer

Created By:

Harris Shearer on 02/17/2010 11:03 AM

Last Edited By:

Harris Shearer

Submitted On:

02/17/2010 11:04 AM

Subject:

FILING FEE

Comments:

SORRY FOR THE CONFUSION. A FILING FEE IS NOT REQUIRED FOR INFORMATIONAL FILINGS.

SERFF Tracking Number: *AOIC-126498057* *State:* *Arkansas*
Filing Company: *Auto-Owners Life Insurance Company* *State Tracking Number:* *44856*
Company Tracking Number:
TOI: *LTC06 Long Term Care - Other* *Sub-TOI:* *LTC06.000 Long Term Care - Other*
Product Name: *AR-LTC-ANN-REPT-02/10*
Project Name/Number: *AR-LTC-ANN-REPT-02/10/*

Note To Reviewer

Created By:

Christie Janell on 02/15/2010 03:19 PM

Last Edited By:

Harris Shearer

Submitted On:

02/17/2010 11:04 AM

Subject:

Filing Fees

Comments:

This is an informational filing for annual Long Term Care reporting information. Is the filing fee still required?

SERFF Tracking Number:	AOIC-126498057	State:	Arkansas
Filing Company:	Auto-Owners Life Insurance Company	State Tracking Number:	44856
Company Tracking Number:			
TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
Product Name:	AR-LTC-ANN-REPT-02/10		
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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not a rate filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not a product filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	LTC Recissions		
Comments:	Rescission reporting form attached.		
Attachment:	AR Rescission.pdf		

SERFF Tracking Number: AOIC-126498057 State: Arkansas
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 44856
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: AR-LTC-ANN-REPT-02/10
Project Name/Number: AR-LTC-ANN-REPT-02/10/

Item Status: Status
Date:

Satisfied - Item: LTC Suitability

Comments:

Suitability reporting form attached.

Attachment:

AR Suit.pdf

Item Status: Status
Date:

Satisfied - Item: LTC Replacements/Lapses

Comments:

Replacement/Lapse reporting form attached.

Attachment:

AR Replace-Lapse.pdf

Item Status: Status
Date:

Satisfied - Item: LTC Claims

Comments:

Claims reporting form attached.

Attachment:

AR Claim Denial.pdf

**RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF
ARKANSAS FOR THE REPORTING YEAR 2009**

Company Name: AUTO-OWNERS LIFE INSURANCE COMPANY

Address: PO BOX 30325, LANSING, MI 48909

Phone Number: (517) 886-1920

Due: March 1 annually

Instructions:

The purpose of this form is to report all rescissions of long-term care insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

POLICY FORM #	POLICY AND CERTIFICATE #	NAME OF INSURED	DATE OF POLICY ISSUANCE	DATE/S CLAIM/S SUBMITTED	DATE OF RESCISSION
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DETAILED REASON FOR RESCISSION:
NO INFORMATION TO REPORT

SIGNATURE:

Karin Dewley

NAME AND TITLE: KARIN DEWLEY, SENIOR BUSINESS SYSTEMS ANALYST

SUITABILITY STANDARDS REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2009

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2010

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: KARIN DEWLEY

TELEPHONE NUMBER: (517) 886-1920

Number of applications received:	2
Number declined information on personal worksheet:	0
Number of applicants who did not meet Suitability Standards:	0
Number of applicants not meeting Suitability; but, wanted coverage:	0

REPLACEMENT AND LAPSE REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS

For the Reporting Year of 2009

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2010

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: KARIN DEWLEY

TELEPHONE NUMBER: (517) 886-1920

Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent Name	Number of Policies sold By This Agent	Number of Policies Replaced by This Agent	Number of Replacements as % of Number Sold By This Agent
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Nothing to report

Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent Name	Number of Policies sold By This Agent	Number of Policies Lapsed by This Agent	Number of Lapsed as % of Number Sold By This Agent
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Nothing to report

COMPANY TOTALS

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

Percentage of Lapsed Policies to Total Annual Sales 0.00% Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.00%

APPENDIX E

Claims Denial Reporting Form Long-Term Care Insurance

For the State of ArkansasFor the Reporting Year of 2009
Due: June 30 annuallyCompany Name: Auto-Owners Insurance Co.Company Address: 6101 ANACAPRI BLVD
Lansing MI 48909

Company NAIC Number:

Contact Person: Kelly BrandellPhone Number: (517) 703-2478Line of Business: ☒ Individual☐ Group**Instructions**

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data ¹
1	Total Number of Long-Term Care Claims Reported	0	8
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	3
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	0
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	3
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	37.5%
7	Number of Long-Term Care Claim Denied due to:	0	3
8	• Long-Term Care Services Not Covered under the Policy ²	0	0
9	• Provider/Facility Not Qualified under the Policy ³	0	0
10	• Benefit Eligibility Criteria Not Met ⁴	0	3
11	• Other	0	0

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example—home health care claim filed under a nursing home only policy.
3. Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.